

Office of Attorney Admissions
Kansas Judicial Center, Room 374, 301 SW 10th Avenue, Topeka, KS 66612
admissions@kscourts.org

To: Applicants seeking Testing Accommodations for the Kansas Bar Examination

The Kansas Board of Law Examiners is committed to providing reasonable testing accommodations to applicants with disabilities and breast feeding mothers, consistent with state and federal law. The bar exam is designed to test the knowledge and skills necessary for one who seeks admission to the practice of law. A qualified applicant with a disability who is otherwise eligible to take the examination, but who cannot demonstrate under normal testing conditions that he or she possesses the knowledge and skills to be admitted to the Bar in the State of Kansas, may request reasonable testing accommodations. The burden of proof is on the applicant to demonstrate the need for accommodations.

The Board is authorized to make reasonable modifications in any practices which might otherwise deny equal access to individuals with disabilities. Supreme Court Rule 711 states in part: "The Board may, upon favorable review of the non-standard testing application, modify the manner in which the examination is administered to an applicant while maintaining the security and integrity of the examination."

Every applicant who wishes to be considered for reasonable testing accommodations by the Board must complete the attached application and submit by November 1st for February examinations or April 1st for July examinations. The application will then be reviewed and an appointment will be made for a personal interview. Attorney Admissions will not accept incomplete testing accommodation applications. Missing documentation or improper documentation is grounds for the application to be considered incomplete. No accommodations will be granted to applicants who fail to complete the application and supply the Board with the required documentation.

Kansas Board of Law Examiners

Application for Non-Standard Testing Accommodations for the UBE

Instructions and Checklist of Materials

The following application for reasonable testing accommodations consists of the following documents:

- Application - 3 pages
- Testing Accommodations Granted Form (FORM A) - 1 page
- Reasonable Testing Accommodations Disability Documentation (FORM B)- 2 pages
- Reasonable Testing Accommodations Supplemental Documentation for Learning Disabilities (FORM C) - 2 pages
- Reasonable Testing Accommodations Supplemental Documentation for AD/HD (FORM D) - 2 pages

Every applicant who is seeking reasonable testing accommodations must complete the application, Form A, and Form B. Applicants with a learning disability are required to complete Form C; applicants with AD/HD are required to complete Form D. Forms C and D are supplemental to the required forms.

The application and all forms to be submitted are not considered complete by the Board unless the required documentation is attached with the form. Interviews will not be scheduled until all applicable forms are complete.

Filing deadlines for those who wish to be considered for reasonable accommodations are November 1st for all February Bar Examinations and April 1st for all July Bar Examinations.

Contact Attorney Admissions at admissions@kscourts.org with questions regarding this application.

Application for Non-Standard Testing Accommodations for the Uniform Bar Examination

Full Legal Name: _____ Docket No.: _____

Social Security Number: _____ Date of Birth: _____

Present Address: _____
(Street)

(City) (State) (Zip Code)

Telephone No.: Home _____ Work _____

Email: _____

1. Nature of Your Disability (Check all that apply):

- | | |
|--|--|
| _____ Attention Deficit/Hyperactivity Disorder | _____ Hearing Disability |
| _____ Learning Disability | _____ Physical Disability |
| _____ Psychiatric Disability | _____ Visual Disability |
| _____ Breast Feeding Mother | _____ Other (specify in the box below) |

2. Clinical name of the disability for which you are seeking special accommodations.

3. When was your disability first diagnosed by a qualified professional? _____

Name of professional who first diagnosed disability: _____

Type of health care provider: _____

Current Address: _____

Current Phone Number: _____

4. This diagnosis was most recently confirmed or reassessed _____ by:
(month/year)

Name of professional: _____

Type of health care provider: _____

Current Address: _____

Current Phone number: _____

5. If the qualified professional who currently treats you is different than the professional listed in Question 4, you will need to provide the name, address and profession of that individual.

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Prior Accommodations Received

6. Please indicate every setting in which you have received special accommodations:

	Received	Did not Receive
Law School	_____	_____
LSAT	_____	_____
MPRE	_____	_____
Other Bar Exams	_____	_____

For every setting in which you have received accommodations, a **Testing Accommodations Granted** form must be completed. That form can be found with the additional required forms following page 4 of the application. If the institution is unable to complete the form, a letter from the institution may be substituted **if** it contains all the information requested in the form.

Accommodations Requested

7. Please indicate below the nature of the accommodations you are requesting and the portion of the exam for which those accommodations are requested:

Accommodation	Essay	MBE
Large Print 18 pt. ___ 24 pt. ___		
Braille		
Audio Tape		
Typewriter		
Headphones		
Separate Room, under 25 people		
Additional Time 25% 50%		
Other (specify on additional sheet)		

8. If seeking additional time, please specify the amount of additional time requested for each section of the exam.

Examination	Additional Time Requested
Multistate Performance Test (AM Session)	
Multistate Essay Examination (PM Session)	
Multistate Bar Examination (AM Session)	
Multistate Bar Examination (PM session)	

9. If requesting to be allowed to bring special equipment not listed in question 7 or to have personal items in the testing room, list all items and their intended purpose. Only items approved items will be allowed in the testing room.

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Personal Statement

In order for the Board to better assess your disability, please provide in the space below a personal statement describing how your disability impacts your daily life and your ability to function in an academic/test taking situation.

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I certify that all the information on this form and all additional documentation provided is true and correct to the best of my knowledge and belief. I understand this information may be reviewed by a physician or qualified professional retained by the Kansas Board of Law Examiners to assist in determining reasonable testing accommodations.

Signature

Date